



In re Application of:

KIA SILVERBROOK

Application No.: 09/369,281

Filed: August 6, 1999

For: FULL-COLOR DESKTOP
PUBLISHING SYSTEM

Docket No. 00169.000013.1

Examiner: P. Nguyen

Group Art Unit: 2671

Date: August 21, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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AUG 26 2003

Technology Center 2600

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	7	MINUS	20	= 0	x \$9 \$18	0.00
INDEP. CLAIMS	2	MINUS	3	= 0	x \$42 \$84	0.00
Fee for Multiple Dependent claims \$140 ⁹ /\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0.00

☐ ⁹Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a ____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Christopher Philip Wrist
Registration No. 32,078

FITZPATRICK, CELLA, HARPER & SCINTO
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New York, New York 10112-3801
Facsimile: (212) 218-2200

JJO/lmj

Form #120

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